Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

CALIFORNIA FORM

2	00 <mark>8</mark> ,	and Other	Tax-Favo	red Account	s ·		,	3805P
First nar	me	lı	itial Last name				SSN or ITIN	
Addroso	(including num	nber and street, PO Box	or PMP no.)		Apt. no. /Ste			7
Address	(including num	iber and street, FO Box	OF PMB 110.)		Apt. no. /Ste	. 110.	Check this box if this is an amended return	
City						State	ZIP Code	
								<u> </u>
Part I	retirement	plan (including an IRA	A) or modified endow	s part if you received a tax ment contract. You also n ved a Roth IRA distributio	nay have to comple	ete this i		
1 Ear	ly distribution	s included in income.	For Roth IRA distribu	itions, see instructions			1	0
2 Ear	ly distribution	s include <u>d on lin</u> e 1 th	at are not subject to	additional tax. See instruc	tions. Enter the ap	propriat	e exception	
nur	mber from ins	tructions ШШ					2	0
3 Am	ount subject t	to additional tax. Subti	act line 2 from line 1	*		,,,,,,,	3	0
4 Tax	due. Multiply	line 3 by 21/2% (.025)	Enter the amount he	ere and include this amou	nt in the total on Fo	rm 540	, line 33 or	
Lor	ng Form 540N	R, line 41. If you are r	ot required to file a C	California income tax retur	n, sign this form b	elow an	d refer to	
the	instructions						4	0
* If any	part of the ar	mount on line 3 was a	distribution from a S	IMPLE IRA, you may have	to include 6% (.00	6) of tha	at amount on line 4 ins	tead of 2½% (.025).
See i	nstructions.					>)
Part II	I Additional Expenses	Tax on Distributions – Complete this part if	from Coverdell Educa a distribution was m	ation Savings Accounts (ade from your Coverdell E	ESAs) or Qualified ESA or QTP and wa	Tuition is not us	Programs (QTPs) Not sed for educational exp	Used for Educationa enses.
5 Dis	tributions incl	uded in income from	Coverdell ESAs or QT	Ps. Enter the amount from	n federal Publicatio	n 970,		
							5	0
				onal tax. See instructions				0
								0
				ere and include this amou				
Lor	ng Form 540N	R, line 41. If you are r	ot required to file a C	California income tax retur	n, sign this form be	elow an	d refer to	
the	instructions						8	0
Part II		Tax on Distributions tribution from an MSA		dicare Advantage Medica 53.	l Savings Account	s (MSA	s) – Complete this part	if you reported a
9 Tax	able Archer M	ISA distribution from f	ederal Form 8853, lin	ne 10			9	0
				structions), check here				1
b	Otherwise, mi	ultiply line 9 by 10% (10). Enter the amoun	nt here and include this an	nount in the total o	n		
	Form 540, line	e 33 or Long Form 54	NR, line 41. If you ar	re not required to file a Ca	lifornia income			
	tax return, sig	n this form below and	refer to the instruction	ons	10b		00	
11 Add	ditional tax du	e from Medicare Adva	ntage MSA distributio	ons. Enter the amount fro	m federal Form 885	53, line	15b Also	
inc	lude this amo	unt in the total on Forr	n 540, line 33 or Lon	g Form 540NR, line 41. If	you are not require	ed to file	e a California	
inc	ome tax returi	n, sign this form belov	and refer to the inst	ructions. Long Form 540	NR filers, see instru	uctions.	11	0
Sinnatu	re Complete	only if you are filing t	nis form by itself and	not with your tax return.				·
Under p	enalties of pe	rjury, I declare that I h	ave examined this ret	turn, including accompany pouse's/registered domes	/ing schedules and tic partner's signat	l statem	ents, and to the best o	f my knowledge and
Your sign		,		P	and parameter of originals		Date	
	\							
X Cianatur	o of noid neon	year (deployetion of year	cur is board on all infa	ormation of which preparer h	and any lenguelades \		Doid aven	over's CCN/DTIN
Signatur	e oi paid prepa	arer (deciaration of prep	arer is based on all inio	ormation of which preparer i	ias any knowieuge.)		Paid prepa	arer's SSN/PTIN
			•					
Firm's na	ame (or yours i	f self-employed) and ad	dress				FEIN	